

(8) Room & Board. This includes rent, depreciation, and utilities related to room and board, plus food, clothing, allowance, etc. Also included are wages, salaries and benefits associated with personnel whose primary activities are to support the room & board of the residents. These costs were then excluded from consideration in the reimbursement rate for Residential Treatment Centers and Group Homes.

(9) General administration costs include non-room and board related depreciation and interest or rent supporting this service, plus salaries, wages and benefits for central office personnel and other non-personnel costs. Also included are medical records, quality assurance and utilization review personnel costs. These are set at 15% of total costs.

(10) Consultation related costs include doctors, specialists and nurses who provide services to a residential program on a part-time "contract" or "consultative" basis. Consultation costs are a percentage of total costs which vary according to the setting and level of care provided to the client. Consultation service costs that are not billed directly to the provider, but rather to the State, are not included.

Payment for Treatment Foster Care and Behavioral Management services was derived from a model based on the resources required to meet the standards of the Department. This model was developed by the state in conjunction with a national consulting firm under contract to the Department. Rate setting decisions were made based upon the results of the consulting firm's reimbursement methodology study presented to the Department in May 1994. Rates do not duplicate costs reimbursed through foster care funds authorized by Title IVE of the Social Security Act. Periodic rate studies will be performed to determine appropriateness of reimbursement rates. The rate studies will be used to adjust provider rates, as found necessary, beginning in federal fiscal year 1997.

Treatment Foster Care. Provider cost information was analyzed in detail and total cost of service was separated into the following categories.

STATE	New Mexico	A
DATE RECD	06-30-92	
DATE APD	04-17-96	
DATE APR	05-01-92	
HCFA 177	92-11	

(1) Family Payment. Reimbursement is made to the TFC agency which employs the families. Parent(s) in the Treatment Family are required to have the experience and training which allows them to participate in the therapy and treatment of the child. The daily reimbursement rate falls within the range of a state level Psychological Technician II.

(2) Room & Board. The amount allowed for this is based upon the rate Children, Youth and Families Department allows for its regular foster parents. These costs were then excluded from consideration in the reimbursement rate for Treatment Foster Care.

(3) Treatment Coordinators. Costs include all salaries, wages and benefits associated with personnel whose primary responsibilities are to oversee and coordinate the activities of the treatment family. A direct supervision wage rate and span of control was determined using a Psychological Counselor III in the State system.

(4) Therapy costs include all salaries, wages and benefits associated with personnel whose primary activities include providing face-to-face therapy services. This category only includes costs for therapy provided by personnel on the provider agency payroll. An average caseload for therapists was derived and the wage based upon a Clinical Social Worker.

(5) Clinical supervision and support costs include all salaries, wages and benefits associated with personnel whose primary activities serve to support the treatment foster care program from a clinical/programmatic perspective as opposed to an administrative perspective. Included are clinical directors, assistant clinical directors, training directors, nurses and persons who perform other types of clinical program support and coordination activities. The wage level used was that of a Psychologist III.

(6) Consultation related costs include doctors, specialists and nurses who provide services to individuals in treatment foster care on a part-time "contract" or "consultative" basis. Consultation costs are a percentage of total costs which vary according to the setting and level of care provided to the client. Consultation service costs that are not billed directly to the provider, but rather to the State, are not included.



(7) Non-personnel operating costs include expenses incurred for program related supplies, training, transportation, and costs related to office space. These were derived using a percentage of total cost.

(8) Administrative support costs include salaries, wages and benefits for agency personnel and other non-personnel costs. Also included are medical records, quality assurance and utilization review personnel costs.

(9) Alternate Care costs are for those days in which the child is placed with a temporary family. This family is required to have the training and experience of the regular Treatment Family and is reimbursed at the same rate.

Behavior Management Services. Providers of this service as well as staff in State agencies were interviewed in order to determine appropriateness of fee for service rates.

(1) Direct Service. These costs include the salary, wage and benefits associated with the Behavior Management Services Specialist who provides fact-to-face services to the individual. It was determined that there would be, on average, thirty billable hours per week. The BMS Specialist salary is comparable to that of a Psychological Technician II in the State system.

(2) Direct supervision costs include salaries, wages and benefits associated with personnel whose primary responsibilities are to oversee and coordinate the activities of the Behavior Management Services specialist staff and recipients. A direct supervision wage rate and span of control was determined using a Psychological Counselor III in the State system.

(3) Non-personnel operating costs include expenses incurred for program related supplies, training, transportation, and costs related to office space. These were derived using a percent of total cost.

(4) General administration costs include salaries, wages and benefits for central office personnel and other non-personnel costs. Also included are medical records, quality assurance and utilization review costs. These are set at a percentage of total costs.

STATE	New York
DATE RE	06-30-92
DATE AM	04-17-92
DATE EF	05-01-92
HOCA 179	92-11

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Payment for Day Treatment services was derived from a model based on the resources required to meet the standards of the Department. The model was developed by the state in conjunction with a national consulting firm and applied by the Department of Health to address "Psychosocial Rehabilitation-Integrated Program Model", services similar in terms of activities, providers, and location to Day Treatment. Rate setting decisions were made based upon the results of a methodology study completed by the Department of Health. Periodic rate studies will be performed to determine appropriateness of reimbursement. The rate studies will be used to adjust provider rates, as found necessary, beginning in federal fiscal year 1997.

Day Treatment. Provider cost information was analyzed and total cost of service was separated into the following categories.

(1) Direct Service. These costs include all salaries, wages and benefits associated with personnel who provide daily face-to-face service to the recipient. Direct service staffing ratios were determined. The wage rate was based upon a Vocational Rehabilitation Counselor 2 in the State Personnel system.

(2) Direct Supervision. Costs include all salaries, wages and benefits associated with personnel whose primary responsibilities are to oversee and coordinate the activities of the direct service staff. A span of control was set and a wage rate determined using a Social Worker Supervisor 2 in the State system.

(3) Clinical supervision and support costs include all salaries, wages and benefits associated with personnel whose primary activities serve to support the day treatment program from a programmatic and clinical perspective as opposed to an administrative perspective. Included are clinical directors, assistant clinical directors, training directors, nurses and persons who perform other types of clinical program support and coordination activities. The wage level used was that of a Psychologist III.

(4) Consultation related costs include doctors, specialists and nurses who provide services to a day treatment program on a part-time "contract" or "consultative" basis. Consultation costs are a

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STATE	DATE REC'D
DATE REC'D	DATE APP'D
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DATE EFF	HCFA 179

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06-25-92
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05-01-92
92-11

percentage of total costs. Consultation service costs that are not billed directly to the provider, but rather to the State are not included.

(5) Non-personnel operating costs include expenses incurred for program related supplies, transportation, and training. These were derived using a percentage of total cost.

(6) General administration costs include salaries, wages and benefits for central office personnel and other non-personnel costs. Also included are medical records, quality assurance and utilization review personnel costs. These are set at 10% of total costs.

(j) Special Rehabilitation Services

A	
FILED	NEW Mexico
DATE REC'D	1-3-94
DATE FORW'D	9-8-98
DATE LTR	10-1-93
HCFA 179	93-27

SUPERSEDES: TN - 92-11

REIMBURSEMENT FOR INDIAN HEALTH SERVICE
AND TRIBAL 638 HEALTH FACILITIES

For service covered by the OMB rate provided to Native Americans by a qualified facility operated by the Indian Health Service, the applicable rate will be paid as published and specified in the the Federal Register.

STATE	<i>New Mexico</i>	A
DATE RCD	<i>03-31-00</i>	
DATE APPEAL	<i>06-22-00</i>	
DATE B	<i>01-01-00</i>	
HCFA 179	<i>00-06</i>	

TN No. 0006 Effective Date 03-31-00

Supersedes TN 0006 SUPERSEDES: NONE - NEW PAGE Approval Date 06-22-00

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE NEW MEXICO

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Item IX . Payment of Title XVIII Part A and Part B Deductible/Coinsurance

Except for a nominal recipient co-payment, if applicable, the Medicaid agency uses the following method:

	Medicare-Medicaid Individual	Medicare-Medicaid/QMB Individual	Medicare-QMB Individual
Part A Deductible	<u> </u> limited to State plan rates*	<u> </u> limited to State plan rates*	<u> </u> limited to State plan rates*
	<u> X </u> full amount	<u> X </u> full amount	<u> X </u> full amount
Part A Coinsurance	<u> </u> limited to State plan rates*	<u> </u> limited to State plan rates*	<u> </u> limited to State plan rates*
	<u> X </u> full amount	<u> X </u> full amount	<u> X </u> full amount
Part B Deductible	<u> </u> limited to State plan rates*	<u> </u> limited to State plan rates*	<u> </u> limited to State plan rates*
	<u> X </u> full amount	<u> X </u> full amount	<u> X </u> full amount
Part B Coinsurance	<u> </u> limited to State plan rates*	<u> </u> limited to State plan rates*	<u> </u> limited to State plan rates*
	<u> X </u> full amount	<u> X </u> full amount	<u> X </u> full amount

STATE	<u>NM</u>
DATE RECD	<u>MAR 27 1989</u>
DATE APVD	<u>AUG 2 1989</u>
DATE	<u>JAN 1 1989</u>
HCFA #	<u>89-02</u>

*For those title XVIII services not otherwise covered by the title XIX State plan, the Medicaid agency has established reimbursement methodologies that are described in Attachment 4.19-B, Item(s) .